Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

460

Page 1 of

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9/1/2001 through 3/5/2002

Date of election if applicable: (Month, Day, Year) 3/5/2002

Date Stamp: FILED APR 08 2002 REGISTRAR OF VOTERS By Deputy

COPY

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] Officeholder, Candidate Controlled Committee
  - (X) State Candidate Election Committee
  - ( ) Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ( ) Sponsored
  - ( ) Small Contributor Committee
  - ( ) Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ( ) Primarily Formed
  - ( ) Controlled
  - ( ) Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [X] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Attached sheet contains information that was missing from previous reports

3. Committee Information

I.D. NUMBER 1237231

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Norby for Supervisor

STREET ADDRESS (NO. P.O. BOX) [redacted]

CITY [redacted] STATE [redacted] ZIP CODE [redacted] AREA CODE/PHONE [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Michael DiCostanzo

MAILING ADDRESS [redacted]

CITY STATE ZIP CODE AREA CODE/PHONE [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/2/2002 (Date) By Michael DiCostanzo (Signature of Treasurer or Assistant Treasurer)

Executed on 4/4/2002 (Date) By Chris Norby (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Norby for Supervisor - ID # 1237231

Unidentified Individual - Source of Funds = Van Cleave Family Trust

Last Name	First Name	Street Address	City	Zip Code	Phone Number	Occupation	Employer
Whiting	Valeri	[redacted]	[redacted]	[redacted]		Retired	

Unidentified Individual - Missing Contribution

Last Name	First Name	Street Address	City	Zip Code	Phone Number	Occupation	Employer	Date	Amount
Goldsmith	John	[redacted]	[redacted]	[redacted]	[redacted]	Pilot	Fed Ex	10/2/01	$ 50
								11/10/01	$ 50
								2/7/02	$ 50
									$ 150

Missing Occupation and Employers Updated

Last Name	First Name	Street Address	City	Zip Code	Phone Number	Occupation	Employer
Everett	James	[redacted]	[redacted]	[redacted]	(949) 888-6691	Owner & President	Jim Everett Company
Klenke	Wendy	[redacted]	[redacted]			Programmer	Computer Specialists Inc.
Kruse	James	[redacted]	[redacted]	[redacted]	[redacted]	Engineer	IBM Corporation
Marks	Gillian	[redacted]	[redacted]	[redacted]	[redacted]	Toxicologist	Raytech Resources
Miller	Wayne	[redacted]	[redacted]	[redacted]	[redacted]	Owner	Auto Body USA
Miller	John	[redacted]	[redacted]	[redacted]	(562) 402-2142	CPA	Self-Employed
Padilla	Diana	[redacted]	[redacted]	[redacted]	[redacted]	Secretary	Brian's Welding
Warren	Waymon	[redacted]	[redacted]	[redacted]	[redacted]	Owner	Warren's Building Maintenance